CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH INSTRUCT | ION GUIDE explains how to complete | 1 ACCOUNT# (Ethics Commission filers) | 2 Total pages filed: |
|---|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER | MR. SRIAND | MI | OFFICE USE ONLY |
| NAME | NICKNAME LAST BUSSEA | SUFFIX | Date Received SSTY CL |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS | PS-BOX Expos | ITY; STATE; ZIP CODE ZEAS 79923 | Date Hand-delivered or Date Standard |
| 5 CAMPAIGN TREASURER NAME | S 23097 TITLE FIRST MR. SRYAWOU | MI R. | ARA STATE ARA ST |
| | NICKNAME LAST BYAGAY FINISHEA | SUFFIX | Date Processed Date Imaged |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITI | , | ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER | EXTENSION | |
| REPORT TYPE PERIOD COVERED | January 15 July 15 8th day before election Month Day Year THROUG | Runoff Exceeded \$500 limit Month Day GH | 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) Year |
| 10 ELECTION | ELECTION DATE Month Day Year 15/03/03 Primary | | eneral Special |
| 11 OFFICE | NOT AMPLICABLE | 12 OFFICE SOUGHT (If known) | MIEVE DOTRECT 2 |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | Direct campaign expenditures are campaign expenditures are required to disclose this information only Name | y if they receive notification of the direct o | |
| additional pages | Address / PO Box; Apt. / Suite #; City; State; Zip | Code / | |
| | GO TO PA | AGE 2 | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME SRYNOU 2 | R. "Bu | BY" FONSECA I | 15 ACCOUNT #(Ethics Commission filers) | | |
|--|---|---|--|--|--|
| 16 NOTICE FROM POLITICAL | may have been mad | for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures in made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report in only if they receive notice of such expenditures. | | | |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | COMMITTEE ADDRESS | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 NO REPORTABLE ACTIVITY | 1 — | no reportable activity occurred during this reporting period. (Sign affidavit belo | ow and submit pages 1 and 2 only.) | | |
| 18 CONTRIBUTION TOTALS | | | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 420.80 | | |
| EXPENDITURE TOTALS | | | | | |
| | 4. TOTAL | TOTAL POLITICAL EXPENDITURES \$ 189. 95 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 189. 95 | | | |
| OUTSTANDING LOAN TOTALS | | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$/6 | | | |
| 19 AFFIDAVIT | | | | | |
| DON | INA MARIE MARTIN | | | | |
| | STATE OF TEXAS y commission expires November 01, 2006 | I plante X. | Josea | | |
| AFFIX NOTARY STAMP | / SEAL ABOVE | Signature of Candiera | ite or Officeholder | | |
| Swarm to land subscribe | d before nie, by th | e caid Mudo M MUSICA | this the day | | |
| or \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | LAMP , to certif | which, witness my hand and seal of office. | 1 Intowin | | |
| Signature of officer adm | inistering oath | Printed name of officer administering oath Title of | of officer administering/path | | |

| POLIT | ICAL EXPENDITURES | | | SCHEDULE F |
|-------------------------------|--|---|--------------------|--|
| The Instruct | ION GUIDE explains how to complete this form. | | 1 Total pages | |
| 2 FILER NAM | Bussy' Forest | A I | | (Ethics Commission filers) |
| Purpose of parrequired.) | 5 Payee name AZWTZWS 6 Payee address; City; State; Zip Code Suzys OA- yment (See instructions regarding type of information | 9 Complete if dir | ect expenditure to | |
| POUTTEAL | Lasawers CAROS | Candidate / Officeholder na | ame Of | fice sought Office held |
| Date 5/-2/-53 | Payee name LITY DF LAND Payee address; City; State; Zip Code #2 Latte Lewis Last 7 | | ····· | Amount (\$) |
| required.) | ment (See instructions regarding type of information | •• Complete if dire Candidate / Officeholder na | • | benefit C/OH •• ce sought Office held |
| Date 13 -26-23 | Payee name A. S. AST. AST. State; Zip Code 35/1 4- YMORX F. Ast. | Texas | gran. | Amount (\$) |
| Purpose of payn required.) | nent (See instructions regarding type of information | •• Complete if direc Candidate / Officeholder nan | | enefit C/OH •• e sought Office held |
| Date . | Payee name | | | Amount (\$) |
| Purpose of paym required.) | ent (See instructions regarding type of information | •• Complete if direct Candidate / Officeholder nam | • | enefit C/OH •• sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEE | DED | |

| LOANS | | | | SCHEDULE E |
|--|---|------------------------|-------------------|--|
| The Instruction Gu | UIDE explains how to complete this form. | | 1 Total pages Sch | edule E: |
| 2 FILER NAME | SR. "Broy" For | SECA II | 3 ACCOUNT # (E | hics Commission filers) |
| 4 TOTA | AL OF UNITEMIZED LOANS: | \$ \$ \$ \$ | \$ | \$ 189.95 |
| 5 Date of loan NUMEROUS 6 Is lender a financial Institution? | 7 Name of lender 8 Lender address; City; State; | Zip Code | | 9 Loan Amount (\$) 8 9 95 10 Interest rate |
| Y N | LD9 DISON EXPASO | Texas 7994 | 3 | 11 Maturity date |
| 12 Description of Collat | eral | | | |
| 13 GUARANTOR INFORMATION | 14 Name of guarantor | | | 16 Amount Guaranteed (\$) |
| not applicable | 15 Guarantor address; City; State; | Zip Code | | NA |
| 17 Principal Occupation SEF-Lm | 2010 AccountANT | 18 Employer | - EMPLOY | E) |
| Date of loan | Name of lender | out-of-state PAC (ID#: |) | Loan Amount (\$) |
| Is lender a financial Institution? | Lender address; City; State; | Zip Code | | Interestrate |
| Y N | | | | Maturity date |
| Description of Collate | ral | | | |
| GUARANTOR INFORMATION | Name of guarantor | | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; State; | Zip Code | | |
| Principal Occupation | | Employer | | |
| lf lender i | ATTACH ADDITIONAL CO s out-of-state PAC, please see inst | | | requirements. |

| PLEDG | SED CONTRIBUTIONS | | (FOR FORMS C/C | SCHEDULE B' |
|-------------------|--|-------------------------------------|----------------------------|--|
| The Instruct | TION GUIDE explains how to complete this form. | Taylor Salar | 1 Total pages thi | ils Schedule B1: |
| 2 FILER NAME | | | 3 ACCOUNT#(| (Ethics Commission filers) |
| 4 то | TAL OF UNITEMIZED PLEDGES: ⇔ | \$ \$ \$ | ⇒ ⇔ | \$ |
| 5 Date | 6 Full name of pledgorout-of-state PAC (ID#: | | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| Principal occu | upation (optional) | 11 Employer (optiona | al) | |
| Date | Full name of pledgor out-of-state PAC (ID#: | | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occup | pation (optional) | Employer (optional | ıl) | <u></u> |
| Date | Full name of pledgorout-of-state PAC (ID#: | , | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupa | ation (optional) | Employer (optional) | ı) | |
| Date | Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code | | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupa | ition (optional) | Employer (optional) | , | |
| Date . | Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code | | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupat | tion (optional) | Employer (optional) | | |
| If contrib | ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instruc | OF THIS FORM AS ction guide for add | NEEDED litional reporti | ng requirements. |

POLITICAL CONTRIBUTIONS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

| OTHE | R THAN PLEDGES OR LOAN | 15 | (i oii i oi | SC-SPAC, SPAC, & SPAC-SS) |
|---|--|---------------------|---------------------------------|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages this Schedule A1: | |
| 2 FILER NAM | IE a , , , , , , , , , , , , , , , , , , | | 3 ACCOUNT # (E | thics Commission filers) |
| ORLAN | JOS R. "BSKOY" FONS. | ECA | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | LOS Disan Eloso Texas | 79963 | 100.00 | 1 |
| 9 Principal occu | upation (Optional) | 10 Employer (Option | nal) | |
| Date 13-31-03 | Full name of contributor out-of-state PAC (ID#: SENE FINKE Contributor address; City; State; Zip Code S98 SURETYOR - FIRST TEXT | | Amount of contribution (\$) | In-kind contribution description (if applicable) Davider Guern |
| | SULTE 180 | T 5-1 | | |
| Principal occu | pation (Optional) | Employer (Option | aı) | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 13-17-13 | BUZZD PAC DF FURSO Contributor address; City; State; Zip Code 6546 SURETY DEVE FURSO TO | TYAS 79905 | 200.00 | NAHB CAMPATEN SCHOOL |
| Principal occup | pation (Optional) | Employer (Option | al) | |
| Date | Full name of contributor | | Amount of | In-kind contribution |
| 23 <i>-15-</i> 13 | TMES SCHERR Contributor address; City; State; Zip Code 109 N. DRESON EX ATO TO 12 TH FLOOR | XAS 7998/ | contribution (\$) | description (if applicable) |
| Principal occup | pation (Optional) | Employer (Options | al) | |
| Date | Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occup | ation (Optional) | Employer (Optiona | ıl) | |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.